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PTO/SB/01 (10-00)
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Under the Paperwo	to respond to a collection of information unless it contains a valid OMB control number.					
DEC	LARATION		Attorney Docket Number		END-5134	
	AND OF ATTORNEY		First Named Inventor P		Paul G. Ritchie et al.	
	ITY OR DESIGN		COMPLETE IF KNOWN			
	APPLICATION CFR 1.63)		Application Number		_	
Declaration Submitted wit	h Declaration Subr	urcharge	Filing Date Mai		March 12, 2	2004
-	(37 CFR 1.16(e))		Group Art U	nit		
			Examiner Na			
As a below named invento	r, I hereby declare that	t:				
My residence, mailing address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
MEDICAL AP	PARATUS AND METHO	OD USEFUL Title of the li		AL TREATMEN	NT OF A LUN	<b>JEN</b>
the specification of which						
is attached hereto						
OR ·						
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country		Filing Date D/YYYY)	Priority Not Claime	d	ertified Copy Attached? 'ES NO
	cation numbers are liste	d on a suppl	emental priori	U data sheet P		
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DECLARATION - Utility or Design Patent Application							
I hereby claim the benefit under 35 U.S.C	2. 119(e) of any United States provisional a	pplication(s) listed below.					
Application Number(s) Filing Date (MM/DD/YYYY)							
		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
I hereby claim the henefit under Title 35 II	nited States Code, 5120 of any United State	se application(s) listed below and insofar					
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:							
Application Serial No.	Filing Date	Status					
		Patented Patented Patented					
I hereby appoint:		•					
Practitioners at Customer Number	Place Customer Number Bar Code Label Here						
Practitioner(s) named below:  Name  Registration Number							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Address all telephone calls to Gerry S. Gressel at telephone number (513) 337-3535.							
Customer Number  Direct all correspondence to:							
Name:							
Address:							
Address:							
City:	State:	ZIP					
Country	Telephone: (513) 337-3535	Fax: (513) 337-8489					

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:	☐ A pe	tition has been fil	ed for this unsign	ed inventor			
Given Name (first and middle [if any]) Paul G.		Family Name or Surname Ritchie					
Inventor's Signature Vall			Date 3/13	104			
Residence: City Loveland,	State OH	Count	ry USA	<b>Citizenship</b> USA			
Mailing Address 3366 Wessex Court, Lo	oveland, OH 45140						
City Loveland,	State OH	ZIP 4	5140	Country USA			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SECOND INVENTOR:	☐ A pe	etition has been fil	ed for this unsign	ed inventor			
Given Name (first and middle [if any]) Trevor  Family Name or Surname Speeg							
Inventor's Trave Sp	eig		Date 3-	12-04			
Residence: City Williamsburg	State OH	Count	ry USA	Citizenship USA			
Mailing Address 4712 Richey Road, Williamsburg, OH 45176							
City Williamsburg	State OH	ZIP 4	5176	Country USA			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF THIRD INVENTOR:   A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) Robert M.		Family Name or Surname Trusty					
Inventor's Signature	14	··· • • • • • • • • • • • • • • • • • •	Date 3	12104			
Residence: City Cincinnati,	State OH	Coun	try USA	Citizenship USA			
Mailing Address 12126 Coyote Court	, Cincinnati, OH 45241		-				
City Cincinnati	State OH	710 /	5241	Country USA			

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF FOURTH INVENTOR:  A petition has been filed for this unsigned inventor					ed inventor	
Given Name (first and middle [if any]) Scott A.		Family Name or Surname Nield				
Inventor's Scott A Mix	XI.			Date 3/	12/04	
Residence: City Cincinnati,	State OH		Count	ry USA	<b>Citizenship</b> USA	
Mailing Address 743 East Benson Street	, Cincinnati, OH 45215					
City Cincinnati,	State OH		ZIP 4	5215	Country USA	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF FIFTH INVENTOR:	☐ A pe	etition has	been fil	ed for this unsigne	ed inventor	
Given Name (first and middle [if any]) N/A		Family Name or Surname				
Inventor's Signature Date						
Residence: City	State		Count	ry USA	Citizenship USA	
Mailing Address						
City	State	ZIP			Country USA	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SIXTH INVENTOR:  A petition has been filed for this unsigned inventor					ed inventor	
Given Name (first and middle [if any]) N/A Family Name or Surname						
Inventor's Signature Date						
Residence: City	State		Count	ry USA	Citizenship USA	
Mailing Address						
City	State		ZIP		Country USA	